

PARTICIPANT FEEDBACK

This brief survey will help [name of CCP] learn about needs in our community. It will also help us to learn about how well we are doing our jobs. Your participation is appreciated very much! Do not put your name on this survey. We want you to feel completely free to express your honest opinion. If you filled out a survey previously in the past week, please do not continue.

THANK YOU FOR YOUR PARTICIPATION!!

Which of the following are true for you? PLEASE SELECT ALL THAT APPLY by placing an X in the box to the right.

You talked with a [name of CCP] counselor by yourself.	
You and a family member together talked with a [name of CCP] counselor.	
You attended a group or educational session.	

How would you rate [name of CCP] on the following areas? In the right-hand column, please select the box that best represents your opinion on a scale where:

(1) is the worst or least you can imagine and (10) is the best or most you can imagine.

WorstBest

The information you received on reactions people have after disasters.	1	2	3	4	5	6	7	8	9	10
How reassured you felt that your reactions or a family member's reactions were normal.	1	2	3	4	5	6	7	8	9	10
The respect with which you were treated.	1	2	3	4	5	6	7	8	9	10
Staff sensitivity to your culture, race, ethnicity, or religion.	1	2	3	4	5	6	7	8	9	10
How comfortable your counselor made you feel about seeking help for yourself or your family if needed.	1	2	3	4	5	6	7	8	9	10
How confident your counselor made you feel in your abilities to help yourself or your family.	1	2	3	4	5	6	7	8	9	10
How well you believe your privacy was assured and maintained.	1	2	3	4	5	6	7	8	9	10
How well you were helped to find ways to take care of yourself physically (e.g., eating right, getting enough sleep).	1	2	3	4	5	6	7	8	9	10
How well you were helped to stay involved in social and community activities (like hobbies, sports, church, volunteer work).	1	2	3	4	5	6	7	8	9	10
How likely you would be to recommend [name of CCP] to a friend or family member if he or she had the need.	1	2	3	4	5	6	7	8	9	10

People are exposed to disasters in many different ways. Please place an X in the box to the right of experiences you had in or because of the disaster. PLEASE SELECT ALL THAT APPLY.

Injured or physically harmed			Displaced from home for one week or more	
Life was threatened			Unemployed because of disaster	
Family member missing or dead			Other financial loss	
Friend or co-worker missing or dead			Performed rescue or recovery work	
Witnessed (saw) death or injury			Had to evacuate quickly with no time to prepare	
Home had major damage			Witnessed (saw) community destruction	
Prolonged separation from family				

PLEASE ALSO ANSWER THE QUESTIONS ON THE BACK.



These questions are about the reactions you have experienced IN THE PAST MONTH. By *reactions*, we mean feelings, emotions, or thoughts about the events. Your answers to these questions will help us to learn more about how people in our community were affected by the disaster. For each question, select the box that best describes your reaction.

(1) Not at all (2) A little bit (3) Moderately (4) Quite a bit (5) Very Much

How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?	1	2	3	4	5
How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?	1	2	3	4	5
To what extent have you lost enjoyment in things, kept your distance from people, or found it difficult to experience feelings because of what happened?	1	2	3	4	5
How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you because of what happened?	1	2	3	4	5
How down or depressed have you been because of what happened?	1	2	3	4	5
Has your ability to handle other stressful events or situations been harmed?	1	2	3	4	5
Have your reactions interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances?	1	2	3	4	5
How distressed or bothered are you about your reactions?	1	2	3	4	5
How much have your reactions interfered with your ability to work or carry out your daily activities, such as housework or schoolwork?	1	2	3	4	5
How much have your reactions affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	1	2	3	4	5
How concerned have you been about your ability to overcome problems you may face without further assistance?	1	2	3	4	5

High scores on these questions indicate that you might benefit from talking further with a counselor about your reactions. If you have concerns about your answers to these questions, please call XXX-XXXX.

These final questions will help us to describe the total group of people who completed the survey.

What is your gender? male female

How old are you?

What was the highest year of school that you completed?

0-6 7-11 12 (high school) some college college grad or more

Are you the parent or guardian of a child under the age of 18? no yes

What is your zip code?

Which race best describes you? (select one or more)

American Indian / Alaska Native Native American or Pacific Islander
Asian White
Black or African American

Are you Hispanic/Latino? That is, are you or your ancestors from Spain, Mexico, Puerto Rico, the Dominican Republic or Central or South America? no yes

What is your preferred language? English Other (specify) _____

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 4 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.